

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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Statement of Committee Organization

1. Statement Information Date: 4/7/16					
	Type: New Amended (if amending, enter MEC ID C	& section c	hanged)		
2.	Committee Information We Deserve Better, Inc.				
	PO Box 190201, St. Louis, MO 63119		(314)259-1234		
	CAMILLIA TAMILLA ZALISAS ELO SALICA ELO	St. Louis County	· ·		
	Committee Type: Campaign Candidate Continuing	County Clerk or Board of Election Commiss g (PAC) Debt Service Exp			
3.	Treasurer/Deputy Treasurer Information				
	Erika Jaques Treasurer's Name (First & Last)	~ s			
	PO Box 190201, St. Louis, MO 63119 Treasurer's Mailing Address, City, State, & Zip	((314) 259-1234 Treasurer's Work Telephone Number		
	Bradley J. Ketcher				
	PO Box 190201, St. Louis, MO 63119 Deputy Treasurer's Mailing Address, City, State, & Zip	Deputy Treasurer's Email Address (optiona () Dep. Treasurer's Home Telephone Numbe	(314)259- 1224 e 1234		
		pop. (reason of reason of	4-13-16		
4.	Additional Committee Information	·			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip			
	Connected Organization's Name (if any)	Connected Organization's Mailing Address	, City, State, & Zip		
5.	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committee		n back) No		
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ο.	Candidate Supported or Opposed (candidate committees must N/A	st include self, if candidate)	,		
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committee	s Only)		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)			
	Tobacco Tax	11/8/16; Statewide	Oppose		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
8.	Signature(s) Check certification(s) & sign (required by all cor	nmittees)			
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSN				
	Committee Treasurer	Candidate (Candidate Committees Only)			

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.